POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	7ん.		4.25 00
O.I.P.E. CLASSIFIER			5-7-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	SB	59222	6-19-00

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim (Final / Original)	6/28/9	9-29-93	4-28-7	Date				Claim (Final / Original)	6/21/03	9-29-93	4-28-4	Date				Claim (Final / Original)	Date
1	+	✔	✔					51	+	N	N					101	
2		✔	✔					52	+	N	N					102	
3		✔	✔					53	+	N	N					103	
4		✔	✔					54								104	
5		✔	✔					55								105	
6		✔	✔					56								106	
7		✔	✔					57								107	
8		✔	✔					58								108	
9		✔	✔					59								109	
10		N	N					60								110	
11								61								111	
12								62								112	
13								63								113	
14								64								114	
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45								95								145	
46								96								146	
47								97								147	
48								98								148	
49		✔	✔					99								149	
50	+	N	N					100								150	

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)